PTO/SB/06 (07-06) /2007 OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/522,111			ling Date 25/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	LD NO.	N/A		N/A	TEE (w)	1	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	-				H		ł			
片	(37 CFR 1.16(k), (i), or EXAMINATION FE		N/A	$-\!$	N/A		N/A		Į	N/A		
TO	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	N/A		N/A		N/A		Į.	N/A		
(37	CFR 1.16(i)) DEPENDENT CLAIM		minus 20 = *			H	x \$ =		OR	x \$ =		
	CFR 1.16(h))		minus 3 = *			IJ	x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$2: additi	ts of pape 50 (\$125 tional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If t	* If the difference in column 1 is less than zero, enter "0" in column 2.								J	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
Ā	09/09/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.18(i))	· 22	Minus	·· 22	= 0	1	x \$ =		OR	X \$52=	0	
빏	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0	П	x \$ =		OR	X \$220=	0	
Ĭ.	Application Size Fee (37 CFR 1.16(s))											
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
温	Total (37 CFR 1,16(i))	•	Minus	**	=	П	x \$ = 1		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	l	X \$ =		OR	x s =		
Z I	Application Size Fee (37 CFR 1.16(s))					l]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					H		·	OR			
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any information. Confidentially is governed by 80 Sts CTR 2.01 AT 2.01 Feb. 1.11. This collection is estimated to state 2 remarked to complete is excluded in patients, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the California find information. Clinic v. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.